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Health Related Quality of Life

Measurement in Asthma and Chronic Obstructive Pulmonary Disease (AbstractView.aspx?PID=2016-9-5-9)

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Health Related Quality of Life Measurement in Asthma and Chronic Obstructive Pulmonary Disease

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ABSTRACT:

Aim and Objectives

The purpose of this study is to enhance patient compliance and awareness. To assess the health related quality of life among the patients with Asthma and COPD and improve the patient compliance .

Materials and Methods: A Prospective study has been carried out for a period of 6 months (August 2015 to January 2016) at the ESI hospital, Ayanavaram, Chennai. 50 patients who are diagnosed with Asthma and COPD are selected (N=50), based on the inclusion and exclusion criteria. Their case sheets are thoroughly studied. Health related quality of life of patients was assessed by using quaternary.

Result and Discussion: A total of 50 patients were collected. Out of 50 patients male (31) 62%, female (19) 38%. In the age of 18-25 years (2) 4%, in the age of 26-35 years (6) 12%, in the age of 36-45 years (9) 18%, in the age of >46 years (33) 66%. Duration of Illness 5 days (30) 60% of patients, Duration of Illness 10 days (13) 26% of patients, Duration of Illness 15 Days (7) 14% of patients. Regular follow up with clinic, follow up (18) 36% of patients, no follow up (32) 64%. Education about asthma and COPD (24) 48%, un Education about asthma and COPD (26) 52%. Education about medication (15) 30%, un Education about medication (35) 70%. Emergency department visits less than three times (30) 60%, Emergency department visits more than three times (20) 40%.

Conclusion: Study concluded that the pharmacist play an important role by providing the counseling which has shown a positive impact on health care. This study justifies the influence of pharmacist provided patient counseling on therapeutic outcomes and overall quality of life.

KEYWORDS: Asthma quality of life questionnaire, Asthma, COPD, Health-related quality of life

INTRODUCTION:

Asthma and chronic obstructive pulmonary disease (COPD) are frequent in the general population. The prevalence of asthma is estimated to be between 1 and 18% of the population in the countries where it has been studied⁽¹⁾, whereas COPD affects about 6% of the adult population, with a higher prevalence in older age groups⁽²⁾.

These diseases are characterized by a narrowing of the bronchi associated with chronic inflammation. However, there are some differences between asthma and COPD in terms of onset age, causal factors, clinical aspects and impact on daily life. Functional measurements are used to measure severity and reversibility of the pulmonary obstruction. However, the relationship between pulmonary obstruction, dyspnea and impact of the disease on the daily life of the patient, is not necessarily linear⁽³⁾. The subjective data obtained from the patients can be useful for supplementing clinical and instrumental data and enabling the physician to identify any change (improvements or worsening) in the state of health, as perceived by the patient, thus allowing for an adjustment of the treatment. Questionnaires do exist and have been used for decades as they can gather data, in a standardized form, about the patients' perception of the status of the disease and/or the received medical treatments. This information reported directly by the patient without other people's interpretation, about his/her well-being, behavior and feelings as regards his/her state of health and the related treatments, is defined as Patient-Reported Outcome (PRO)⁽⁴⁾. The Health-related Quality of Life (HRQoL) is a well known PRO. We have had available for some time questionnaires that are used for measuring HRQoL. European and USA regulatory authorities have published official guidance documents that reflect their position on this topic. The USA Food and Drug Administration (FDA) prepared a formal "Guidance for Industry" which describes its position on the PROs and informs the pharmaceutical industry on how it intends to review and evaluate the PRO tools that are used to support label claims⁽⁵⁾. The European Medicine Agency (EMA) document points out the role that the HRQoL may play in the development process of a medicinal product, by simply providing some recommendations on their use⁽⁶⁾. Our aim was to deepen the knowledge on how the measurement of HRQoL was carried out for supporting the registration of these drugs (medicinal products of chemical and

not biological origin)⁽⁷⁾. The results of the measurements and the use of the HRQoL data that were obtained. We had no intention to comment on the degree of efficacy of the medicinal products being considered^(8,9).

MATERIALS AND METHODS:

A Prospective study has been carried out for a period of 6 months (August 2015 to January 2016) at the ESI hospital, Ayanavaram, Chennai. 50 patients who are diagnosed with Asthma and COPD are selected (N=50), based on the inclusion and exclusion criteria. Their case sheets are thoroughly studied. Health related quality of life of patients was assessed by using quaternary.

RESULTS:

A total of 50 patients were collected. Out of 50 patients male (31) 62%, female (19) 38% (Table 1). In the age of 18-25 years (2) 4%, in the age of 26-35 years (6) 12%, in the age of 36-45 years (9) 18%, in the age of >46 years (33) 66% (Table 2). Duration of Illness 5 days (30) 60% of patients, Duration of Illness 10 days (13) 26% of patients, Duration of Illness 15 Days (7) 14% of patients (Table 3). Education level, No school (13) 26% of patients, High school or less (33) 66%, University level (4) 8% of patients (Table 4). Employment status, Employee (27) 54% of patients, Student (2) 4% of patients, Housewife (15) 30% of patients, Nonemployee (6) 12% of patients (Table 5). Regular follow up with clinic, follow up (18) 36% of patients, no follow up (32) 64% (Table 6). Education about asthma and COPD (24) 48%, un Education about asthma and COPD (26) 52%. Education about medication (15) 30%, un Education about medication (35) 70% (Table 7). Emergency department visits less than three times (30) 60%, Emergency department visits more than three times (20) 40%. asthma and COPD control, uncontrolled patients (21) 42%, partially controlled patients (27) 54%, Completely control patients(2) 4% (Table 8).

Table 1 Age Distribution

AGE GROUP % (N)	OVER ALL n=50
18-25	(2) 4%
26-35	(6) 12%
36-45	(9) 18%
>46	(33) 66%

Table 2 Gender Distribution

GENDER	PATIENT (N=50)
MALE	(31) 62%
FEMALE	(19) 38%

Table 3 Duration of Illness In Days

DURATION OF ILLNESS IN DAYS	OVERALL (N =50)
5 DAYS	(30) 60%
10 DAYS	(13) 26%
15 DAYS	(7) 14%

Table 4. Education level

EDUCATION LEVEL	OVERALL (n =50)
NO SCHOOL	(13) 26%
HIGH SCHOOL OR LESS	(33) 66%
UNIVERSITY	(4) 8%

Table 5 Employment Status

EMPLOYMENT STATUS	OVERALL (n =50)
EMPLOYEE	(27) 54%
STUDENT	(2) 4%
HOUSEWIFE	(15) 30%
NONEMPLOYEE	(6) 12%

Table 6 Follow Up With Clinic

FOLLOW UP WITH CLINIC	OVERALL (n = 50)
FOLLOW UP	(18) 36%
NO FOLLOW UP	(32) 64%

Table 7 Education About Asthma And Copd, Education About Medication

EDUCATION ABOUT ASTHMA , COPD		EDUCATION ABOUT MEDICATION	
YES	NO	YES	NO
(24) 48%	(26) 52%	(15) 30%	(35) 70%

Table 8 Emergency Department Visits And Asthma, Copd Control

EMERGENCY DEPARTMENT VISITS	<3	(30) 60%
ASTHMA AND COPD CONTROL	≥3	(20) 40%
	UNCONTROLLED	(21) 42%
	PARTIALLY CONTROLLED	(27) 54%
	COMPLETELY CONTROL	(2) 4%

CONCLUSION:

Study concluded that the pharmacist play an important role by providing the counseling which has shown a positive impact on health care. This study justifies the influence of pharmacist provided patient counseling on therapeutic outcomes and overall quality of life. In this study, the quality of life was found to be improved determined by the physical and mental component summaries.



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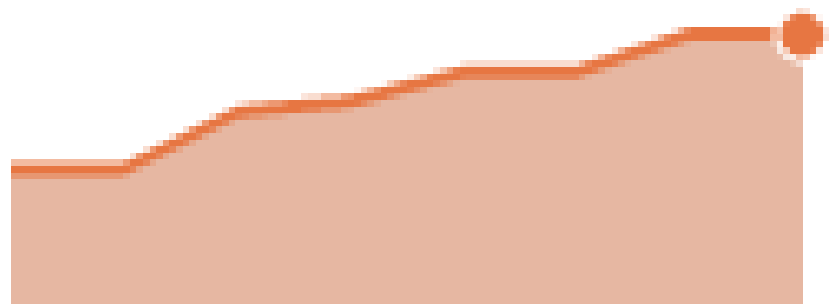
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